LONDON BOROUGH OF RICHMOND UPON THAMES

South West London Joint Health Overview and Scrutiny Committee

Meeting Date:
Monday, 17 July 2017

Agenda

Meeting Time:
7:00 pm

Meeting Venue:
Committee Room CDE, 1st floor Merton Civic Centre, London Road, Morden SM4 5DX

Paul Martin, Chief Executive

Members	Councillor Carole Bonner (Chairman) Councillor Sunita Gordon (Vice-Chairman) Councillor Andrew Stranack Councillor Brian Lewis-Lavender Councillor Peter McCabe Councillor Margaret Buter Councillor David Porter Councillor Pathumal Ali Councillor Mark Thomas Councillor Ian Lewar
Committee Administrator	Nicholas Garland, Governance and Scrutiny Officer, 020 8891 7201, Nicholas.Garland@richmond.gov.uk

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York House
Twickenham
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6 July 2017

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Nese keni veshtersi per te kuptuar kete botim, ju lutemi ejani ne recepcionin ne adresen e shenuar me poshte ku ne mund te organizojme perkthime nepermjet telefonit.

Albanian

এই প্রকাশনার অর্থ বুঝতে পারায় যদি আপনার কোন সমস্যা হয়, নিচে দেওয়া ঠিকানায় রিসেপ্শন-এ চলে আসুন যেখানে আমরা আপনাকে টেলিফোনে দোভাষীর সেবা প্রদানের ব্যবস্থা করতে পারবো।

Bengali

જો તમને આ પુસ્તિકાની વિગતો સમજવામાં મુશ્કેલી પડતી હોય તો, કૃપયા નીચે જણાવેલ સ્થળના રિસેપ્શન પર આવો, જ્યાં અમે ટેલિફોન પર ગુજરાતીમાં ઇન્ટરપ્રિટીંગ સેવાની ગોઠવણ કરી આપીશું.

Gujarati

اگر در فهمیدن این نشریه مشکل دارید، لطفا به میز پذیرش در آدرس قید شده در زیر رجوع فرمایید تا سرویس ترجمه تلفنی برایتان فراهم آورده شود.

Farsi

إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية هاتفية.

Arabic

اگر آپ کو اس اشاعت کو سمجھنے میں کوئی مشکل ہے تو، براہِ کرم نیچے دیئے ہوئے ایڈریس کے استقبالیے پر جا کر ملیئے، جہاں ہم آپ کیلئے ٹیلیفون انٹرپریٹنگ سروس (ٹیلیفون پر ترجمانی کی سروس) کا انتظام کر سکتے ہیں۔

Urdu

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫ਼ੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

Punjabi

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42 York Street, Twickenham, TW1 3BW
Centre House, 68 Sheen Lane, London SW14 8LP
Old Town Hall, Whittaker Avenue, Richmond, TW9 1TP
Or any library

1. Declarations of Interest

Members are requested to declare any interests orally at the start of the meeting and again immediately before consideration of the matter. Members are reminded to specify the agenda item number to which it refers and the nature of the interest.

2. Apologies for Absence

To note any apologies for absence and substitutes for the meeting.

3. Minutes

To approve the minutes of the meeting held on 18 April 2017.

4. South West London Five Year Forward Plan Update

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SOUTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on Tuesday, 18 April 2017.

PRESENT: Councillor Carole Bonner (Chairman), Councillor Sunita Gordon (Vice-Chairman), Councillor Margaret Mead, Councillor Andrew Day, Councillor Brian Lewis-Lavender, Councillor Margaret Buter, Councillor David Porter, Councillor Ian Lewer, Councillor Sally Kenny and Councillor Pathumal Ali

108. DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

109. APOLOGIES FOR ABSENCE

Kingston – Councillor Pandya gave apologies.

Merton – Councillor McCabe gave apologies and was substituted by Councillor Kenny

Wandsworth – Councillor Clay gave apologies and was substituted by Councillor Lewer.

Wandsworth – Councillor Thomas gave apologies

110. MINUTES

RESOLVED that the minutes of the joint meeting held on 18 January 2017 be approved and signed by the Chairman.

111. SOUTH WEST LONDON FIVE YEAR FORWARD PLAN: UPDATE

Present, on behalf of South West London Collaborative Commissioning (SWLCC) were:

- Sarah Blow – SRO for the STP and Accountable Officer for SWL Alliance (Kingston, Richmond, Merton & Wandsworth CCGs)
- Dr Tony Brzezicki – Chair, Croydon CCG
- Kath Cawley – STP Programme Director
- Rory Hegarty – Director of Communications and Engagement, STP
- Jill Mulelly, head of Engagement, SWL STP

Sarah Blow began by updating members on the STP public engagement activity to date. Ms Blow said that a number of engagement events had taken place in all boroughs under the 'Talking Healthcare' programme and there was an interim report on the engagement activity. There was also other related engagement activity through other bodies such as CCGs. Ms Blow said that NHS England had published 'Next Steps on the NHS Five Year Forward View' (5YFV) and would circulate the link to JHOSC members. Ms Blow said that this would help inform the development of the STP. The document set out the key challenges for the NHS to address over the next few years.

Dr Brzezicki said that cancer had moved to the top of the agenda and that south west London was the only STP in London to meet the 62 day cancer waiting time and also had better outcomes for patients with cancer. 5YFC emphasised quicker diagnosis and treatment and improved care and wellbeing for people living with cancer and closer working with cancer vanguards.

Dr Brzezicki said there was new guidance for maternity and south west London was a pioneer in terms of expanded personal choice and improving outcomes in south west London. Primary care accounts for 90% of patient contact but has less funding. Dr Brzezicki stressed a key aspect of the STP was boosting GP numbers, care closer to home and expanded locality teams. There was a primary care estate investment programme and a programme to improve information sharing though IT and extended GP opening hours.

Ms Blow said that multi-disciplinary locality teams would ensure that services were delivered around local populations, taking account of the diversity within these local populations. The teams will build on existing community based health and social care infrastructure to establish integrated ways of working. Ms Blow said that Local Transformation Boards (LTB) would determine local need, rather than a 'top down' plan for acute services and that it was vital to get the community model correct. The four LTBs – Croydon, Sutton, Kingston/Richmond and Merton/Wandsworth would develop local health and care models. Ms Blow said that there would continue to be the current number of hospital sites but not necessarily all having the same services. The future focus would be to develop and model plans for each of the four sub-regions at local level to determine what services each hospital could provide in the future.

The Committee asked how the four LTBs fitted in with wider governance and whether they were an additional layer. Ms Blow said that they were additional but comprised of people already working in the system and would aid collaborative working in order to help expand community service provision.

In response to a question as to how the LTBs would take account of different populations, officers said that locality teams' focus would be driven by local nuances. Dr Brzezicki said that examples of differences were in Croydon were there were large differences within the resident population in terms of age, affluence and ethnicity and services would take account of this rather than a 'one size fits all' policy. There would also be more focus on community care rather than in hospitals. In response to a question on funding and efficiency it was added it was more cost effective to manage

conditions in the community. Ms Blow said there was some national funding for GP access and there would be an emphasis on getting GP practices to work more closely with more seamless movement between services.

Dr Brzezicki said that work on diabetes prevention and prevention more widely was one plank which underpins the whole STP programme. It was also envisaged to empower patients to take care of their health and self-manage their conditions where appropriate to free up resources elsewhere. It was added that NHS staff were encouraged to make every contact with a patient count to try and address unhealthy behaviours. Work was needed with national and local government to get messages on healthy behaviours out to the wider public.

Officers said that whilst there would be no hospital closures, not all hospitals would have all services. It was added that any recommendations would be followed by a consultative process which would include the JHOSC. The focus would be on making community models work and an analysis of which services are needed would be undertaken to understand the impact of any changes. It was suggested that Epsom and St Helier hospitals were mentioned negatively and there was subsequent concern amongst residents about their future. Dr Brzezicki said that they weren't sure why this was the perception but said they would work with members to improve any future communications regarding the trust if they so wished. The lack of capital investment in the estate of these hospitals was also discussed.

Dr Brzezicki said that mental health and urgent care centres would be open for 12 hours a day and would mean that hospital care would be the exception.

In response to a question regarding recruitment of GPs, Ms Blow said that national GP plans would look at the workforce and locality teams would look at closer working. There would also be opportunities for economies and efficiency through sharing support staff. Dr Brzezicki said there would also be an opportunity for GPs to work differently such as working 3 or 4 hour shifts rather than longer shifts to help recruitment.

Members suggested that elderly patients may have difficulty getting to a hospital or GP hub because of transportation issues. Ms Blow said that local hubs would be closer than hospital sites. She added that currently some hospitals within the STP footprint provided specialist services at a specific location rather than at all hospitals. All services would be evaluated to see which would be better served by consolidating. The focus would be on a community rather than acute model. Dr Brzezicki said that the evidence was that clinical outcomes for patients would be better within specialist centres. Ms Blow said that services needed to change but an evidence base was needed and the vision needed to be articulated to members of the JHOSC and the wider community. Committee suggested that acute hospitals without an A&E would be less attractive to staff as they wouldn't have the same varied experience as with an acute hospital with an A&E. Ms Blow said that there were examples of hospitals without an A&E that provided a number of opportunities with consolidated specialist services which were attractive to potential staff. Dr Brzezicki added an updated system may provide better and more attractive training opportunities.

Members asked how officers were looking to address GPs shortages and encourage younger doctors to become GPs. Dr Brzezicki agreed it was an issue and said that half of those who train as GPs aren't working as un the role three years later. He added measures to address this included collaborative rather than practice based employment and more family friendly working practices. He added the biggest gap in workforce was ward and A&E nurses. Ms Blow said that doctors wanted portfolio careers and the challenge was to give doctors the experience they want whilst meeting the needs of local populations.

In response to a question on timelines Ms Blow said that some of the community model needed to be delivered this year. It was added that there was variation within south west London in terms of delivery of the locality model. Ms Blow said this model would be replicated across England but in London there would be a focus on GP access and additional appointments and access by September/October 2017.

Ms Blow said she previously worked at Queen Mary's at Bexley where services were consolidated but the services available were well regarded by the local community and local authority. In response to a question on timelines Ms Blow said that some of the community model needed to be delivered this year. It was added that there was variation within south west London in terms of delivery of the locality model. Ms Blow said this model would be replicated across England but in London there would be a focus on GP access and additional appointments and access by September/October 2017. It was added there was a need to move towards delivery. It was added that there was a role for councils to persuade communities to use services other than A&E for most conditions.

Members asked officers when there would be a plan which detailed deliverables and by when. Ms Blow said that LTBs would develop local plans by summer 2017 and discussion was held regarding the scrutiny role of Health Overview and Scrutiny Committees in each local authority area regarding the local plans.

In response to a question regarding feedback from NHS England, Ms Cawley said it was iterative and there were on-going discussions. Ms Blow said that the STP was a point in time and it would be updated to include the community model. Members said it would be useful to receive an update to detail what has changed since the last plan. Members also said that whilst it was important that developments went to Health and Wellbeing Boards (HWB) it should be remembered that they do not have a scrutiny function. Officers acknowledged the need to report to both HWBs and overview and scrutiny committees.

Members said that a health journal article had recently reported that south west London had a £50 million pound gap and would be one of the most likely areas for service closures. Ms Blow said that there was a significant financial problem in the footprint area and moves towards a delivery of the community model was needed to ensure sustainability whilst providing the right care. It was stressed that services would not be cut but there was a need provide services differently in order to address financial issues. Dr Brzezicki added there was also a need to look at social care in a different way so as to provide joined-up care which is the vision of the STP.

Members asked about the engagement process and suggested that the engagement events hadn't reached many local residents and questioned how would future engagement would fit with the delivering a community model by the summer of 2017. Ms Blow said the community model doesn't need formal a consultative process and there wouldn't be formal consultations until after the 2018 elections. Mr Hegarty said that residents were engaged through various means, not just through the events. He added that any advice on engagement would be welcomed. It was added that there was engagement with various patient forums, harder to reach groups and work with clinical groups to identify targeted forms of engagement. It was added that work was on-going through social media and CCGs to tap into their channels.

Members asked officers when would be a useful juncture for them to return to the committee. Officers said that they were taking advice regarding an engagement event scheduled in Merton following the calling of the General Election but it was likely to be cancelled because of purdah. It was added that public meetings would be stepped back during this time. Following discussion amongst members it was agreed that JHOSC should meet again around July to assess the progress. It was also suggested that the JHOSC could look at finances and staffing issues and the pressures these put on service transformation.

It was **RESOLVED** that JHOSC meets again in late July to further scrutinise proposals for new models of care within south west London.

CHAIRMAN

The meeting, which started at 7.03pm ended at 8.55pm.

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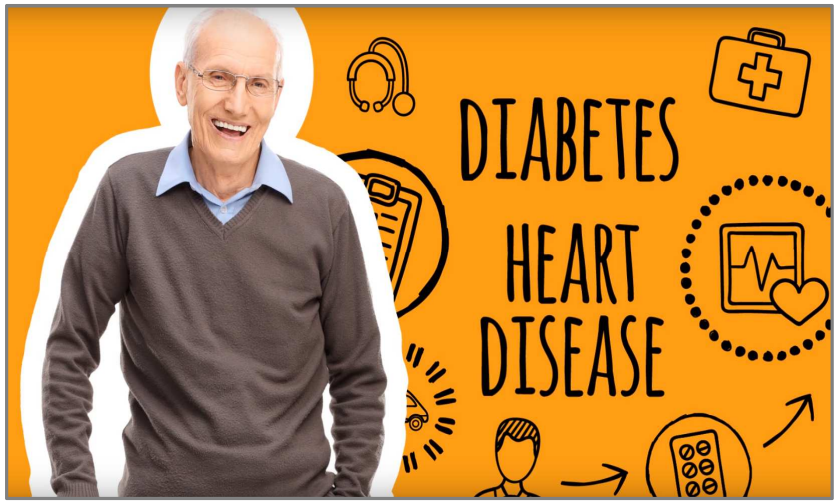

SWL Five Year Forward Plan: Update
South West London JHOSC
17 July 2017

Start well, live well, age well

Key developments

- **Local Transformation Boards** are being set up to develop the models of care for their area: these cover Croydon, Kingston/Richmond, Merton/Wandsworth and Sutton. Membership includes NHS commissioners and providers, local authorities, voluntary sector and patient/public representatives.

- **Delivery plans**: Delivery plans have been developed for 2017/18 covering key priorities for this year.

- **Merton 'Talking Healthcare' event:** This took place on 29 June and is the final public forum in the current round of events. We are awaiting the final written report from the Office of Public Management of all events. We will then respond in writing to the points raised.

Page 12

Page 12

Summary of current thinking

- **A local approach works best** for planning health and care
- **The best bed, is your own bed** – lets keep people well and out of hospital
- **Care is better when it is centred around a person**, **not an organisation.** Clinicians and care workers tell us this.
- **Likely to mean changes to services locally** - we are not proposing to close any hospitals
- **We need to show people how it works better** with local examples
- **Involving people at local level**

Page 13

A local approach works best

- The SW London STP has agreed that a local approach works best.
- It has entrusted the local NHS working jointly with Local Authorities and local people across one or two boroughs, to plan care based on the health and care needs of local people, borough-upwards.
- We want to move on the conversation on from hospital closure to planning and delivering care in these four health and care partnership areas (including LAs):
  - Kingston/Richmond
  - Sutton
  - Croydon
  - Merton/Wandsworth.

Page 14

The best bed is your own bed

We will work with our health and care partners to:

- Keep people healthy
- Get involved earlier, as soon vulnerable people start to become ill at home, stopping hospital admission
- And if people do go to hospital, getting them home so they can recover more quickly in their own bed, with the right care and support.

Page 15

Care around the person, not the organisation

- Our frontline clinicians and care workers understand better than anybody: it's always better when we don't worry about our organisational boundaries and focus on what care the person needs

- We deliver better care with less duplication and frustration for local people as well as staff, and it often costs less because of this.

Page 16

Likely to mean changes to services locally

We are not proposing to close any hospitals: we know we will continue to need all the hospitals we currently have. We need to be upfront, these four local health and care partnerships are likely to propose using their hospitals and local services differently by:

- moving hospital services out into the community
- moving community services into the hospital
- sharing hospital services across two or more of these four local areas
- sharing community services across two or more of these four local areas

Page 17

Show how it works better

- We need to work with local people and show that this joint way of delivering care works better.
- We have already done this on a small scale.
- But we must deliver more and faster, to keep pace with the rising demand of local people's care needs, especially the over 75s, and to keep within our budgets.
- These four local health and care partnerships are now be forming and taking advice from their local Health Watch and local authorities on how best to involve local people in planning local services going forward.

Page 18

Where we have delivered

Merton and Wandsworth

- **Merton new Community musculoskeletal (MSK) service –** provides a single point of access and faster triage into a greater range of community MSK and physiotherapy services, in a wider number of locations, which has reduced demand on hospital based MSK services. Patients will be able to refer themselves later this year.

- **Wandsworth 'Enhanced Care Pathway' –** enables frail older people at high risk of ill health to stay well and independent at home through locality based multi-disciplinary teams, coordinating their care/support. For example: GPs provide home visits and home care packages to avoid hospital admissions.

Page 19

Where we have delivered

Croydon

- **Personal Independence Coordinators (PICs) –** provide home visits for older residents with one or more long term conditions (who have been hospitalised twice in the last year) to help them stay well and avoid repeat hospital admission.

- The coordinators visit people at home and promote self-care, personal independence and help prevent loneliness and social isolation. They help with practical tasks such as such as benefit and blue badge applications, home help, housing advice and access to the mobile library.

- They also identify areas where volunteers could provide extra support – for example helping people with walking to build their strength and confidence to help prevent falls.

Page 20

Where we have delivered

Kingston and Richmond

- **Kingston and Richmond Crisis House -** Provides patients experiencing a mental health crisis a “safe haven” residential home in the community for up to five days. Over 100 people have accessed the service in the past year, with 80% returning home without needing hospital admission.

- **Richmond expansion of Improving Access to Psychological Therapies (IAPT) -** Increased access to talking therapies for people with long term conditions (diabetes and chronic obstructive pulmonary disease). These patients now have easier access to talking therapies which support them to manage their conditions and help improve their mental and physical health.

Page 21

Where we have delivered

Sutton

‘Red Bag’ hospital transfer pathway: When a care home resident needs an emergency hospital admission they are transferred with a “red bag” which contains their health and social care information, their medicines and personal belongings.

The “red bag” pathway has improved patient care and communication between the hospital and the care home. It has also helped improve the discharge process and resulted in reduced length of stay in hospital by an average of 4 days per patient.

Page 22

Updated financial position

All SWL NHS organisations face a financial challenge in 2017/18

- One provider and two CCGs have submitted operating plans which show them overspending on their financial allocation
- Many of the others are carrying significant risk, which may lead to further deficits in the system
- The four health and care partnership areas are tasked with identifying and implementing additional joint plans to make further savings
- In addition, providers and commissioners are reviewing current spend against available data to check they are implementing best practice and work together across the region to cut costs

Page 23

SWL priorities for 2017/18

Our work this year will reflect the four national priorities:

- Cancer
- Primary care
- Mental health
- Urgent and emergency care

Page 24

Cancer – priorities in 2017/18 – 18/19

Sustainable delivery of the 62 Day Standard

- Maintain median waits for first event to 7 days
- Implement optimal pathways for Lung and Prostate
- Implement Straight to Test for Lower GI
- Best practice in PTL management and MDTs
- Root Cause Analysis for 62 Day breaches

Improving Bowel Screening uptake

- Primary Care support to improving bowel screening uptake
- Sustainable interventions to maintain improved uptake.

Holistic Cancer Care Reviews

- Cancer as a long term condition: offer of holistic cancer care review in primary care
- Care integrated with other long term conditions

Primary Care-led Prostate Cancer Stratified follow-up

- Primary Care led follow up for patients with stable prostate cancer
- Holistic follow up and care integrated with other long term conditions.

Page 25

Page 25

Primary care – priorities in 2017/18 – 18/19

Extended access

- Extended Access hubs rolled out in each CCG, offering 8-8 appointments
- Input into London solution for 111 direct booking into access hubs
- Pilot ED redirect model to support diverting activity from A&E to access hubs

Provider development

- Quality improvement programme to be delivered to 36 practices in SWL to support the delivery of the 10 High Impact Actions
- Delivery of resilience programme to support vulnerable practices

Workforce development

- Recruitment of clinical pharmacists to primary care roles
- Medical Assistant and Care Navigator pilots across SWL
- Roll out of signposting training for GP reception staff

Estates and digital

- Developing the primary care estate; ETTF and Improvement Grant schemes
- Exploring the use of online technology
- Development of system interoperability

Page 26

Start well, live well, age well

Urgent care – priorities in 2017/18

NHS 111

- Roll out of NHS 111 online
- 50% 111 calls transferred to a clinician

Urgent treatment centres

- Kingston have secured capital funding to build urgent treatment centre at the front of A&E
- Co-located GP services

Hospitals

- Improve flow at the front door of the hospital
- Review pathways and implement best practice

Page 27

Mental health – priorities in 2017/18

Adult Mental Health – common mental health problems	•Common mental health problems include depression and anxiety. We want to increase the numbers of people with common mental health problems receiving support from psychological therapies, particularly people with long term conditions such as diabetes and cardiovascular disease
Perinatal mental health	•We want to ensure that women with existing mental health conditions receive specialist support before, during and after pregnancy •We also want to provide early diagnosis and intervention for women that develop new mental health conditions during or after pregnancy
Acute crisis care	•Psychiatric liaison services support acute hospital emergency departments and medical wards with mental health assessments, advice and training. The aim is that at least 50% of acute hospitals have an all-age psychiatric liaison service that operates 24/7, a model known as Core 24
Children & Young People's Mental Health	•The aim is to increase access for children with a diagnosable mental health disorder seen in NHS-funded services in the local community (CAMHS) from 25% in 17/18 to 35% by 20/21
Suicide prevention	•Aim to reduce age standardised suicide rate by 10% •Multi-agency working on suicide prevention plans

Page 28

Page 28